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ABSTRACT

This paper details the procedures and sequential process followed by the state of Missouri in the referral, identification, and placement of students into special education programs. Definitions for four key terms (compliance plan, prereferral intervention strategies, referral, and screening survey) are provided. Guidelines are then presented as answers to such frequently asked questions as: what are the procedures that are required to determine if special education services should be provided? (nine steps are listed); what is the purpose of screening? what areas are considered during the screening process? (screening in seven areas is required); who conducts the screening and what are the regular classroom teacher's responsibilities? what procedures are used in screening? (both periodic and continuous procedures); what are examples of prereferral intervention strategies that are used prior to a formal indepth evaluation? what is involved in the evaluation process? are school districts required to have parental consent prior to evaluation? how is the evaluation and diagnostic information used? and what are the sequential procedures in the individualized education program? Appendixes include an outline of sample intervention strategies and relevant forms taken from the Missouri Special Education Process Manual. (DB)

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TITLE: REFERRAL, IDENTIFICATION, PLACEMENT

THE MISSOURI SPECIAL EDUCATION PROCESS

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Revised 1989-90

ABSTRACT: This module details the procedures and processes followed by the state of Missouri in the referral, identification, and placement of students into special education programs.

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REFERRAL, IDENTIFICATION, PLACEMENT
THE MISSOURI SPECIAL EDUCATION PROCESS

Overview

Regular classroom teachers, academic and/or vocational, are sometimes confused about the procedures to follow when seeking additional instructional assistance for students who are having difficulty learning in the classroom. It is often difficult to determine if the student's difficulties are due to a short term problem or are the result of a handicapping condition. In either case the student and teacher need assistance.

The federal law (P.L. 94-142) providing funding for special education services to states and local districts has specific stipulations that must be followed in determining a student's eligibility for services.

Before a local district may receive federal special education funds it must submit a "compliance plan" to the State Department of Elementary and Secondary Education. This plan outlines how the district will meet the requirements mandated by P.L. 94-142 insuring a free and appropriate education for students with handicaps in that district. One of the items that must appear in the compliance plan is the criteria for passing or failing a screening survey. The survey will determine if a student will need additional evaluation which might lead to providing special education services for the student.

This module addresses the sequential process, and the teacher's role, followed in the state of Missouri which may lead to providing special education or related services to a student with problems in the classroom. While the majority of the evaluation and planning falls under the responsibilities of counselors and special education specialists, the regular vocational/classroom teacher is a partner in the entire process.

Information for the answers to the questions in this module was adapted or taken directly from the Special Education Process Manual developed by the Missouri Department of Elementary and Secondary Education.

Definitions/Terminology

Compliance Plan	A plan submitted to the state department of elementary and secondary education by local education agencies (LEA's). This plan outlines the ways the district will meet the mandates of P.L. 94-142 in providing a free and appropriate education for all handicapped students. This plan must be submitted and approved before a

	district may receive federal funding to help provide the outlined services.
Prereferral Intervention Strategies	Teaching techniques used to modify a student's program to determine if areas of concern can be corrected without having to go through a formal evaluation.
Referral	The process whereby a teacher, parent or supportive personnel requests that a student be formally evaluated to determine if a specific handicapping condition exists that interferes with the student's learning.
Screening Survey	A short (10-15 minute) formal or informal survey of a student's competence in a specific area of functioning. The results can indicate whether or not to proceed with a fuller evaluation.

Frequently Asked Questions

Q. WHAT ARE THE PROCEDURES THAT ARE REQUIRED TO DETERMINE IF SPECIAL EDUCATION SERVICES SHOULD BE PROVIDED A STUDENT IN MISSOURI?

A. The process of referral, identification, and placement has nine sequential steps. These steps are:

1. Screening
2. Prereferral Intervention Strategies
3. Referral and Screening Review
4. Individual Evaluation Plan Development
5. Notice and Consent for Evaluation
6. Evaluation
7. Diagnostic Summary
8. Individual Education Plan Development
9. Notice and Consent for Placement

Q. ARE THERE ANY PARTICULAR BEHAVIORS OR SIGNS THAT INDICATE A STUDENT MIGHT NEED SPECIAL EDUCATION SERVICES?

A. The first person to recognize a student may need special education services or have a learning problem is the classroom teacher. The signs and indicators are varied but in general if a teacher notices continued extreme changes in a student's behaviors such as refusing to go to recess, constant irritability with peers or crying, the student may need services. If a student performs significantly below average in academic skills, or has uneven skills such as extremely good math skills but poor spelling and writing skills, or does well on assignments that require verbal skills but has poor reading skills or difficulty following directions, he/she should be referred for screening. The first step in determining this need is the screening process. The classroom teacher can assist, but special education personnel and counselors should be contacted to begin and organize the process.

Q. WHAT IS THE PURPOSE OF SCREENING?

A. The purpose of screening students is to identify suspected physical, sensory, behavioral/emotional, or other problems which may significantly interfere with a student's ability for educational progress. The screening process should encourage accommodation of the student in the regular classroom rather than removal of the student for special services.

The use of screening information will provide direction for systematic observation, alternative instructional and/or behavioral management strategies, and will provide direction for the evaluation if one is necessary.

Q. WHAT AREAS ARE CONSIDERED DURING THE SCREENING PROCESS?

A. Screening is required in the following areas of functioning:

Vision

Hearing

Health/Motor

Cognitive, including Adaptive Behavior

Academic, including Prevocational/Vocational

Speech/Language

Social/Emotional/Behavioral

Q. WHO CONDUCTS THE SCREENING AND WHAT ARE THE REGULAR CLASSROOM TEACHER'S RESPONSIBILITIES?

A. The screening process is conducted by a counselor, special educator, and/or others designated by the individual school or district. The classroom teacher may be asked to assist under the direction of the individual acting as the case manager.

Q. WHAT PROCEDURES ARE USED IN SCREENING?

A. There are both periodic procedures and continuous procedures that are used in screening.

Periodic procedures compare an individual's performance with the performance of peers through the use of systematic or formally administered assessments. These procedures are most frequently used to screen in the areas of:

Academic (including vocational)

Health

Vision

Hearing

Speech/Language

Continuous procedures involve ongoing parent and teacher observation and recording of a student's behavior in order to demonstrate need for intervention. Frequency counts on behaviors or anecdotal records may be kept to support concerns for a student's problem in the classroom. This information may be gathered by the teacher, parent or other designated individuals. This type of procedure can be used for all areas of functioning. It usually supplements periodic screening in the above listed areas of functioning and stands alone as the screening information for the areas of:

Social/Emotional/Behavioral

Motor

Cognitive

Screening data must be gathered in all seven areas of functioning. If screening is not available in any area, it must be obtained before continuing with the process.

Q. WHAT CRITERIA ARE USED TO DETERMINE IF A STUDENT WILL PROCEED TO THE NEXT STEP IN THE IDENTIFICATION PROCESS?

A. All screening procedures are established by the local district's Compliance Plan and will include specific pass/fail criteria to serve as a basis for determining appropriate action.

For example, a student may be given several screening exams by the school psychometrist to determine if he/she has perceptual problems. Or the classroom teacher may keep examples of the student's written work for a week as well as record observations of the student's approach to work. This information is combined with information about all seven areas of functioning. The screening committee assesses the information and makes one of three possible recommendations.

*No action is required if the student's needs can be met in the regular classroom with no modifications.

*Trying alternative instructional strategies, to determine if the student is able to remain in the regular classroom with modifications initiated. These are called prereferral intervention strategies.

*Proceeding with the development of an evaluation plan, if it is obvious that the student cannot profit by remaining in the regular classroom even with modifications and is in need of further evaluation.

Q. WHAT ARE EXAMPLES OF PREREFERRAL INTERVENTION STRATEGIES THAT ARE USED PRIOR TO A FORMAL IN DEPTH EVALUATION?

A. Prereferral intervention strategies are modifications made in regular programs, based on analysis of screening results. They should be tried for a sufficient length of time to determine effectiveness. Modifications to be considered would include:

*Method of presentation (verbal, written, demonstration);

*Method of response required (motor, oral, taped);

*Physical environment (surroundings, seating, space, acoustics);

*Method of teaching, instruction (repetition, drill, reinforcement, discovery);

*Curriculum (texts, adjust assignments, adjust amount);

*Behavior management (reinforcement, rules);

*Support services/groupings (counseling, remedial services/one-on-one, small group).

Additional examples of intervention strategies are located in the appendix.

Q. HOW LONG ARE THE INTERVENTION STRATEGIES IMPLEMENTED?

A. Documentation of strategies used, frequency of use, and level of performance should be kept to determine effectiveness of the strategies. The documentation will assist in determining if the intervention is providing results. Based on the results of the other intervention strategies, one of two decisions will be made:

*continue modifications if they were successful, and do not proceed with evaluation sequence, or

*cease modifications if not successful, and proceed with the evaluation sequence.

Q. IF THE MODIFICATIONS WERE NOT SUCCESSFUL, WHAT IS THE TEACHER'S RESPONSIBILITY?

A. If the classroom teacher determines that modifications in program and teaching strategies have not made a difference in the student's learning or behaviors, the next step is referral. A referral is made for the purpose of compiling information about a student who is experiencing problems which interfere with learning. The referral may be made by the student's teacher, other education personnel, parents or other individuals with relevant information about the student. The referral should be put into written form and should include the reason for the referral and descriptions of concerns. This written referral should be a summary of the information known about the student including:

*the results of all screening, and

*a description of attempts to remedy concerns and the school's efforts to accommodate the special needs of the learner.

A sample referral form developed by the Missouri Department of Elementary and Secondary Education is provided in the appendix. This form is filled out by the individual making the referral with input from other appropriate persons.

Once the referral has been completed describing all the information known about the student, a review of the referral and screening information is completed. This review will

answer a set of questions such as:

1. Why has the student been referred?

2. Does the referral include descriptive samples of behavior or are they opinion statements?

3. What information is included on non-school-related variables?

4. What information is included on school-related variables?

5. What effort has the school made to meet this student's needs prior to the referral?

6. Has a parent conference been conducted?

The method a district chooses to accomplish the referral and screening review will vary depending upon school district size, administrative structure, and resources available. Suggested review persons would include the following:

Building principal and/or designee (educational leader),

Special education specialist (technical information),

Regular classroom teacher (knowledge of child).

Other individuals who are knowledgeable in the areas of concern may be included as needed. While parental participation is not required it is essential for the parent to be involved at this stage to be familiar with the problems observed, to be supportive in the implementation of intervention strategies, and fully informed of the activities proposed.

As a result of this review, one of the following outcome decisions will be appropriate:

*No evaluation is necessary; may recommend initiating alternative educational strategies if not previously tried, continuing alternatives already in place and/or monitoring with systematic observation.

*An evaluation is warranted; an evaluation plan will be developed.

While no timelines are specified for the screening/referral process, it is expected that the district will proceed without unnecessary delays in reaching an outcome decision.

Q. IF IT IS DETERMINED THAT AN EVALUATION IS WARRANTED WHAT WILL BE INVOLVED IN THE PROCESS?

A. The appropriate review persons develop an evaluation plan. The development of an evaluation plan begins with the assimilation of previously reviewed referral and screening information. This information must address all seven areas of functioning and should enable the developers of the evaluation plan to either:

*exclude the existence of a deficit, or

*determine the need for additional evaluation information in each area of suspected deficit.

By reviewing the existing information in all seven areas of functioning (what is known) and deciding if further information is needed (what needs to be known) the evaluation can be designed to gather the information needed without wasted time and effort.

When additional information is needed in a particular area of functioning, developers of the evaluation plan should consider these questions:

*Based on what we already know, what additional information do we need?

*What data collection procedures are available that will best answer our questions?

*What individuals will be responsible for the completion of these procedures?

After the appropriate data collection procedures have been determined, the evaluation plan should specify the individuals who will administer the procedures. Assignments should be made on the basis of certification, training, areas of expertise, and prior experience. Most evaluations will require the use of a multidisciplinary team. The required members of a multidisciplinary team include:

*At least one person qualified to conduct individual diagnostic examinations (i.e., school psychologist or school psychological examiner, a speech/language specialist);

*Student's regular classroom teacher or teacher qualified to teach student of his/her age;

*At least one teacher or other specialist with knowledge in the area of suspected disability;

*Other specialist(s) as needed.

Evaluations must also include an observation by:

*At least one team member other than the student's regular teacher who will observe the student's academic performance in the regular classroom setting.

Multidisciplinary teams are not needed for:

1. Speech language evaluation, or

2. Medical referrals specific in nature (e.g., scoliosis).

Q. ARE SCHOOL DISTRICTS ABLE TO EVALUATE STUDENTS WITHOUT PARENTAL CONSENT?

A. No. Prior to the initiation of evaluation procedures, Notice of Intent and Consent for Evaluation must be cbtained from the student's parents or guardian. Appropriate Notice of Intent and Consent for Evaluation assures that the parents have been fully informed of the need for the evaluation, and they understand and agree to the evaluation. Required components of the Notice of Intent and Consent for Evaluation include:

*A description of the evaluation proposed and an explanation of the reason for the evaluation.

*A description of options considered prior to notifying of intent to evaluate, and reasons they were rejected.

*A description of each procedure, test, record or report indicating need to evaluate including screening results, student and teacher records, intervention attempted, or required three-year reevaluation.

*A description of any other factors relevant to the evaluation.

*A description of parent's rights/procedural safeguards.

*Written evidence of notice provided to the parent(s) and written consent for initial evaluations.

Q. WHAT ARE THE SPECIFIC PURPOSES OF THE EVALUATION?

A. The purposes of an evaluation are to (1) determine a student's current level of functioning, and (2) to formulate a diagnosis.

The current level of functioning should include detailed

information on the student's strengths and weaknesses. This information will be used when developing information required by the Individualized Education Plan (IEP).

Diagnosis is the process of bringing together evaluation information to determine the existence, nature and extent of the student's handicapping condition. This diagnosis is based on specific eligibility criteria established for each handicapping condition as specified by each local district.

Q. WHAT IS DONE WITH THE INFORMATION PROVIDED BY THE EVALUATIONS?

A. After all assessment procedures have been completed, a Diagnostic Staffing Conference should be held. The purpose of the conference is to review and synthesize the findings to:

*Formulate a diagnosis of handicapping condition, if one exists;

*Identify strengths and weaknesses; and

*Determine educational needs (not placement).

Participants in the diagnostic staffing conference can be any individuals who have significant information to contribute about the student's functioning. It is helpful to include those persons who deal with the student frequently enough to be familiar with his/her overall performance in addition to those who administered the assessment procedures. Some districts also find it beneficial to include the parent in the diagnostic conference.

The evaluation procedures and diagnostic staffing generally shall be completed within thirty (30) days of receipt of the Notice of Intent and Consent for Evaluation.

Q. HOW IS THE EVALUATION AND DIAGNOSTIC INFORMATION USED?

A. The information from the diagnostic staffing is compiled and put into a formal document called a Diagnostic Summary. The Diagnostic Summary is a written synthesis of the information presented at the diagnostic staffing addressing all seven areas of functioning. The summary reflects the total functioning of the student based on information collected rather than listing isolated pieces of information. All information for each area of functioning is incorporated in the summary to provide the basis for the Individualized Education Plan (IEP) statement (present level of performance) and goals and objectives.

The Diagnostic Summary is required by state regulations to include the following components:

*Existence and nature of handicapping condition.

*Basis for determination (using eligibility criteria).

*Relevant behavior (observation).

*Relationship of behavior to academic functioning.

*Educationally relevant medical findings.

*Effects of environmental, cultural, or economic disadvantage.

*Team member's signatures indicating agreement to the conclusion, or attached statement if in disagreement.

The diagnostic summary should not include a program placement recommendation. Placement decisions can occur only after the development of an IEP. A suggested format for both a multidisciplinary and single discipline Diagnostic Summary can be found in the appendix. The multidisciplinary format is used for most students and records information and screening in each several areas of functioning. The single discipline format is used when a student is referred for a specific problem such as an articulation problem that is obviously a speech concern.

If the evaluation team determines a student to be nonhandicapped, recommendations should be provided regarding appropriate instructional techniques based on information gathered during the evaluation. If the student is diagnosed as handicapped, the process continues and an IEP is developed.

Q. WHAT ARE THE SEQUENTIAL PROCEDURES IN THE IEP AND HOW IS INFORMATION IN THE DIAGNOSTIC SUMMARY USED IN IEP DEVELOPMENT?

A. An Individualized Education Program (IEP) is a written document developed for each identified eligible handicapped student within thirty (30) days after the student is determined to be in need of special education and related services. The IEP is a summary of the information, discussions, and decisions made during the IEP development meeting. No part of the IEP is more essential than the other. Rather, a continuity of flow from screening information to accurate comprehensive assessment to the present level of performance to the goals and objectives is critical. Accurate decisions for placement in the least restrictive environment, the requirement of extended school year programming, and the

necessity for related services will be dependent upon the development and ongoing evaluation of an appropriate IEP. It is essential that all of the student's special education and related service needs are addressed in one IEP. For example, a student receiving speech/language services in addition to primary services in an Educable Mentally Retarded program would have all goals and objectives for both programs in one IEP.

The IEP meeting should promote communication between parents and the school and foster an atmosphere of equal partnership in the student's program. The IEP itself is an instructional management tool that will insure appropriate service. The IEP will serve as a basis for evaluating student progress by describing instructional goals and objectives. The IEP will commit the resources necessary to reach those goals and objectives and can provide a vehicle for the resolution of differences outside of due process. Because it is developed by a team, it allows all those directly involved with the student an opportunity to participate in its development.

The IEP conference is a team approach. This means that a wide array of individuals who have specific expertise or information about the student will meet together to develop the student's IEP. This includes anyone who has a direct educational responsibility for the student. It is also important that parents be a part of this team. To be effective, all team members should share in the decision making process.

The required IEP team participants are:

*A representative of the public agency, other than the student's teacher, who is qualified to provide and supervise the provision of special education (i.e., Building Principal, Director of Special Education).

*The student's teacher(s).

*One or both of the student's parents.

*The student when appropriate.

*Other individuals at the discretion of the parent or agency.

*A member of the evaluation team or someone who is knowledgeable about the evaluation procedures administered and familiar with the results of the evaluation when the handicapped student has been evaluated for the first time.

Parents should be notified of the meeting purpose, time, place, who will attend, and their right to bring participants.

An IEP must contain the following components:

*Present level of performance

*Goals and objectives

*Evaluation procedures and criteria for measuring achievement of objectives

*Services to be provided specifying the extent of participation in regular education

*Dates of initiation and duration of services

*IEP team participants

The content of the IEP should continue the flow of information as shown:

Diagnostic Conference	Diagnostic Summary	Present Level of Performance	Goals and Objectives

The present level of performance will become the foundation for the development of appropriate annual goals and short-term objectives. It should include the characteristics unique to the student derived from the diagnostic summary information (which includes screening results, interviews, formal and informal assessments, observations). It will include strengths and weaknesses in the student's deficit areas of functioning, and may describe strengths in areas with no deficits that may be compensatory in nature. It is essential that the present level of performance clearly describe the severity of the deficits to provide the basis for the development of appropriate individualized goals, objectives, and methods of instruction. Thus, the present level should not be merely a listing of test scores.

The goals and objectives in an IEP should address major priorities as established by the team, should be specific, and should be internally consistent with the present level of performance. Goals should be clear, concise, simply stated, and provide direction for writing short-term objectives. Objectives should be written in measurable terms and should include conditions under which the given behavior shall occur. Each objective will be accompanied by evaluation procedures, criteria, and timelines designed to determine mastery of a given objective.

Once annual goals, objectives, and evaluation procedures and criteria have been developed, the team must determine how these goals and objectives can be met and what services will be necessary to accomplish them. Specific thought should be given not only to the special education services needed but also to the related services (such as special transportation, occupational therapy, and physical therapy) identified as necessary in order for the student to benefit from the special education services. The IEP will also specify the frequency and duration of services and the extent to which the student will participate in regular education.

Q. ONCE THE IEP IS WRITTEN, MAY THE STUDENT IMMEDIATELY BEGIN RECEIVING SPECIAL EDUCATION SERVICES?

A. Prior to the actual initiation of special education services, Notice of Intent and Consent for Placement must be obtained. Appropriate Notice and Consent of Placement assures that the parents have been fully informed of the need for the placement and agree in writing to the placement. Required components of the Notice of Intent and Consent for Placement include:

*A description of the proposed program placement and rationale supporting the placement.

*A description of the placement options considered and the reasons they were rejected for documentation of placement in the least restrictive environment.

*A description of the evaluation information and IEP content used as a basis for the proposed placement.

*A description of any other factors related to the proposed placement.

*A description of any other factors related to the proposed placement.

*A description of parent's right/procedural safeguards.

*Written evidence of notice provided to the parent(s) and written consent for initial placement.

APPENDIX

*Sample Referral Intervention Strategies

The following were taken from the Special Education Process Manual:

*Referral Form

*Summary of Screening Results

*Referral and Screening Review Committee Members

*Evaluation Plan

*Multidisciplinary Diagnostic Summary Format

*Single Discipline Modified Diagnostic Summary Format

SAMPLE REFERRAL INTERVENTION STRATEGIES

The following are examples of intervention strategies that might be used to address the learning needs of students experiencing educational problems. Any intervention or combination of strategies should be tried for a sufficient length of time, and objective, measurable data should be collected to assess the results. The effectiveness of the strategies used might be evaluated by data documenting changes such as increased time on task, increased compliant behavior, increased accuracy, or decreased disruptive behavior, etc. Each school district's Compliance Plan contains an approved form that should be used to document prereferral strategies tried with an individual student and the results of the intervention.

I. INSTRUCTIONAL ENVIRONMENT MODIFICATION

Physical Environment

1. Move seat to another location in the classroom.
2. Assign preferential seating.
3. Provide a study carrel.
4. Alter location of personal or classroom supplies for easier access or to minimize distraction.
5. Assign student to an isolated area for short periods.

Grouping Arrangements

1. Change student's schedule.
2. Assign student to another class/group.
3. Alter frequency of grouping changes (less often, more often).
4. Change instructional setting from large-group to small-group instruction.
5. Provide individual instruction with a peer tutor or adult volunteer.
6. Assign a buddy to take notes with carbon/NCR paper, and monitor assignments (secondary level).

Classroom Organization

1. Set time expectations for assignment completion.
2. Set time limits using timer.
3. Alter time allotted to complete assignment or take test.
4. Assist student in setting goals for assignment completion and in writing a timeline for completing intermediate task objectives.
5. Provide cues such as clock faces to indicate beginning and ending times.
6. Establish systems for recording assignments and grades (e.g., assignment sheets, notebooks, calendars for long-range assignments).

7. Provide visual, tactile or auditory prompts (cues) to indicate appropriate or inappropriate behavior (e.g., hand signal saying "slow down", tap on shoulder).

II. INSTRUCTIONAL TECHNIQUE MODIFICATIONS

Teaching Approaches

1. Give both oral and visual instructions for assignments.
2. Provide for oral testing.
3. Vary the method of lesson presentation:
   (a) lecture
   (b) small group
   (c) large group
   (d) use audiovisuals (i.e., filmstrips, study prints).
   (e) peer tutors or cross-age tutors (i.e., take notes, monitor assignments, read aloud, listen)
   (f) demonstrations
   (g) experiments
   (h) simulations
   (i) games
   (j) 1-1 instruction with another adult
4. Provide immediate correction of errors.
5. Have student read lessons aloud to parent, aide, volunteer, peer tutor, or teacher.
6. Teach reading strategies (e.g., SQ3R).
7. Check and increase reading comprehension of content area materials using the CLOZE procedure or herringbone technique.
8. Introduce definition of new terms/vocabulary and review to check for understanding.
9. Ask student to repeat directions/assignments to insure understanding.
10. Reassign student to appropriate academic group.
11. Instruct student in correction procedure.
12. Identify student's preferred learning style and provide appropriate instruction/materials.

Motivational/Behavioral Strategies

1. Check papers by showing C's for correct and record positive score.
2. Provide immediate reinforcement for correct response.
3. Provide explanation of incorrect behavioral responses.
4. Discuss inappropriate behavior with student in private.
5. Conference with student's parents (include student as appropriate).
6. Conference with student's other teachers (include student as appropriate).
7. Conference with student's principal (include student as appropriate).
8. Conference with student's counselor (include student as

appropriate).
9. Establish a home/school communication system for completion or improvement of assignments.
10. Establish a home/school communication system for behavior monitoring.
11. Post rules and consequences for classroom behavior.
12. Make privileges contingent upon behavior.
13. List small steps needed to change the behavior and implement a plan to change one step at a time.

Source: Kansas State Department of Education
Preassessment Resource Manual, 1986.

III. INSTRUCTIONAL MEDIA/MATERIALS MODIFICATIONS

Existing Curricular Materials

1. Determine if student has the necessary prerequisite skills.
2. Determine if materials are appropriate to student's current interest and functioning levels.
3. Tape lessons or instructions so that student can listen again in school or at home.
4. Simplify vocabulary of test items, practice sheets.
5. Provide tests in segments so that student turns in one segment before receiving the next part.
6. Provide visual or memory aids such as number lines, formulas, pictures and charts.
7. Highlight main ideas and supporting details in text.
8. Provide study aids for learning content material (e.g., outlines and study guides).
9. Reduce quantity of material to be read or assignments.
10. Limit amount of material presented on a single page.
11. Organize a notebook or provide a folder for papers to help organize work.
12. Have student keep an assignment notebook.
13. Use library resources, computer-assisted instructional programs, and other media resources.
14. Ask questions at end of each sentence or paragraph to help focus on important information.
15. Provide a sample or practice test.
16. Provide opportunities for extra drill.
17. Use special supplementary material.

Alternative Curriculum Materials

1. Give student a text written at a lower or higher reading level, covering the same content at the appropriate interest level.
2. Combine materials to include multisensory experiences--use test with a filmstrip, study print, and other visual.
3. Use and alternate reading material.

4. Provide modified materials (assignments/texts) with fewer tasks/questions, concepts, and/or response requirements.
5. Provide self-checking materials.

Adapted from: Preassessment Resource Material, Kansas State Department of Education, 1986.

REFERRAL FORM

Referral Date:_____

Referred By:_____

General Information:

Student's Name:_____ Age:_____ D.O.B.:_____

Teacher:_____ Grade:_____ School:_____

Parents:_____ Address:_____ Phone:_____

Case History:

Reason for Referral: Summarize concerns by indicating specific reasons and/or situations which make you feel a referral is warranted.

_____

_____

_____

Home History:

Living With:_____ Occupation of Father:_____

Occupation of Mother:_____ Number of Siblings Living in the Home:_____

Birth and Developmental History (describe any significant deviations from normal)

_____

_____

Primary Language of Student at Home: _____English _____Other Specify:_____

School History:

Schools Attended:_____

Grade(s) Retained:_____ Attendance: Regular_____ Sporadic_____

Previous Evaluations:_____

Previous Services Received: Remedial Reading:_____

Remedial Math:_____ Speech/Language: ____LD ____BD ____EMR ____Other_____

Alternative Strategies Tried:_____

_____

_____

Parent Contact: Have you been in contact with the parent(s) about your concern?

_____

Do they acknowledge the need for referral?_____

SUMMARY OF SCREENING RESULTS

HEALTH

Date:_____ Screener:_____ Procedure:_____

Results:_____

Date of Last Physical Examination:_____ Physician:_____

Scoliosis Screening: Date:_____ Results:_____ Follow Up:_____

VISION

Date:_____ Screener:_____ Procedure:_____

Right Eye Results: pass/fail Left Eye Results: pass/fail Follow Up:_____

HEARING

Date:_____ Screener:_____ Procedure:_____

Right Ear Results: pass/fail Left Ear Results: pass/fail Follow Up:_____

SPEECH/LANGUAGE

Date:_____ Screener:_____ Procedure:_____

Results:_____

COGNITIVE/INTELLECTUAL

Date:_____ Screener:_____ Procedure:_____

Results:_____

ACADEMIC

Subject	Date	Procedure	Screener	Results
Reading	____	_____	_____	_____
Math	____	_____	_____	_____
Language	____	_____	_____	_____

SOCIAL/EMOTIONAL

Date:_____ Screener:_____ Procedure:_____

Results:_____

Referral and Screening Review Committee Members

Name/Title:_____ **Decision:** ____ No Evaluation necessary;

_____ Recommend_____

_____ ____ Evaluation needed;

develop evaluation plan.

EVALUATION PLAN

Student: _____ Date: _____ District: _____

Specialist who will observe: _____
(Name and Title)

AREAS OF INVESTIGATION	CURRENT SCREENING INFORMATION (WHAT WE KNOW) BASED ON SCREENING SUMMARY CHECK ONE:	ADDITIONAL INFORMATION NEEDED (WHAT WE NEED TO KNOW)	DATA COLLECTION PROCEDURES (HOW WE WILL FIND OUT)	(TEAM MEMBER ASSIGNED TO) ADMINISTER PROCEDURES
VISION	☐ no problem suspected-stop ☐ problem suspected-proceed			
HEARING	☐ no problem suspected-stop ☐ problem suspected-proceed			
HEALTH (including motor development and need for Adaptive Physical Education)	☐ no problem suspected-stop ☐ problem suspected-proceed			
INTELLECTUAL-COGNITIVE (including Adaptive Behavior)	☐ no problem suspected-stop ☐ problem suspected-proceed			
ACADEMICS (including Prevocational and/or Vocational)	☐ no problem suspected-stop ☐ problem suspected-proceed			
SPEECH AND LANGUAGE	☐ no problem suspected-stop ☐ problem suspected-proceed			
SOCIAL/EMOTIONAL/BEHAVIORAL (Environmental)	☐ no problem suspected-stop ☐ problem suspected-proceed			

MULTIDISCIPLINARY
DIAGNOSTIC SUMMARY FORMAT

SECTION 1: GENERAL INFORMATION

Contains demographic information regarding the child, parents, address, also student's name, age, grade, where testing occurred, dates of testing, and examiners involved.

SECTION 2: CASE HISTORY

Reasons for evaluation -- summary of home and school history, alternative interventions tried.

A. Information from the Home

1. Family History

Brief history includes information such as student's parents, siblings, occupation of parents, etc.

2. Developmental History

Brief paragraph includes information related to the developmental aspects of the student, if information is available.

B. Information from the School

1. School History

Includes such items as the following: CA and dates when child entered school, school progress, attendance, dates student attended schools, any record of moves, retention, previous difficulties.

2. Previous Evaluation Results

Description of procedures used, dates administered, and results.

3. Alternative Interventions Tried/Teacher Comments

Describe the alternative interventions tried and summarize any comments and observations made by the student's teacher.

SECTION 3: CURRENT SCREENING/EVALUATION RESULTS

Information from this point in the Diagnostic Summary reflects the data collected from the case history/screening and/or additional formal and informal assessment procedures administered addressing all areas of functioning.

A brief description of each formal assessment instrument should be

provided. Results should be reported and briefly interpreted/summarized in terms of implications for school process and/or relation to diagnosis. Grade levels, percentiles, standard score, etc. are important, but also valuable are the specific strengths and weaknesses observed (student's responses, errors, attempts, methods used in completing task).

Informal assessment procedures should note relevant behavior observed by student's teacher and persons other than the student's teacher. The relationship of those behaviors to the student's academic functioning should be described in relation to diagnosis and student's strengths and weaknesses.

A. General Health - including motor development and educationally relevant medical findings
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

B. Vision
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

C. Hearing
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

D. Academic Performance - including readiness/vocational/prevocational when appropriate
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

E. Intellectual/Cognitive Ability - including adaptive behavior
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

F. Communication - including speech and language
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

G. Social/Emotional
   1. Case history/screening
   2. Evaluation
      a. Formal
      b. Informal
   3. Strengths and weaknesses

SECTION 4: DIAGNOSTIC CONCLUSIONS

A. Existence and Nature of Handicapping Condition

Based upon the data collected and reviewed, a determination is made regarding a handicapping condition.

B. Basis for Making the Determination

A narrative describing the information used to determine the student's eligibility should be developed based upon a synthesis of the case history, screening, and formal and informal assessment information. The basis for determination of eligibility should include consideration of the effects of environmental, cultural, or economic disadvantage. The narrative should also clearly indicate that the categorical eligibility criteria have been met.

SECTION 5: PROGRAM CONSIDERATIONS

Summary of strengths and weaknesses based upon synthesis of the case history/screening and formal/informal assessment information. These strengths and weaknesses will form the basis for the present level of performance and will be used in the development of the goals and objectives of the IEP. These statements should NOT include a program placement recommendation.

SECTION 6: STAFFING PARTICIPANTS

Signature of Staffing Participants

Team members certify in writing that the diagnostic summary reflects their conclusions. If it does not, the team member(s) submit a separate statement.

SINGLE DISCIPLINE MODIFIED
DIAGNOSTIC SUMMARY FORMAT

SECTION 1: GENERAL INFORMATION

Contains demographic information regarding the child, parents, address, also student's name, age, grade, where testing occurred, dates of testing, and examiners involved.

SECTION 2: CASE HISTORY

Reasons for evaluation -- parent/teacher concerns, background information, school history, current placement, etc.

SECTION 3: CURRENT SCREENING/EVALUATION RESULTS

A. Screening Information

A review of the screening information used to rule out suspected problems in all other areas (except communication) should be provided.

Health
Vision
Hearing
Academic
Cognitive/Adaptive Behavior
Social/Emotional

B. Evaluation Results

A review and interpretation of all speech/language evaluation information should be provided.

SECTION 4: DIAGNOSTIC CONCLUSIONS

A. Existence and Nature of Handicapping Condition

Based upon the data collected and reviewed, a determination is made regarding a handicapping condition.

B. Basis for Making the Determination

A narrative describing the information used to determine the student's eligibility should be developed based upon a synthesis of the case history, screening, and formal and informal assessment information. The basis for determination of eligibility should include consideration of the effects of environmental, cultural, or economic disadvantage. The narrative should also clearly indicate that the categorical eligibility criteria have been met.

SECTION 5: PROGRAM CONSIDERATIONS

Summary of strengths and weaknesses based upon synthesis of the case history/screening and formal/informal assessment information. These strengths and weaknesses will form the basis for the present level of performance and will be used in the development of the goals and objectives of the IEP. These statements should NOT include a program placement recommendation.

SECTION 6: EVALUATOR

Signature of Evaluator

Evaluator certifies in writing that the diagnostic summary reflects his/her conclusion.